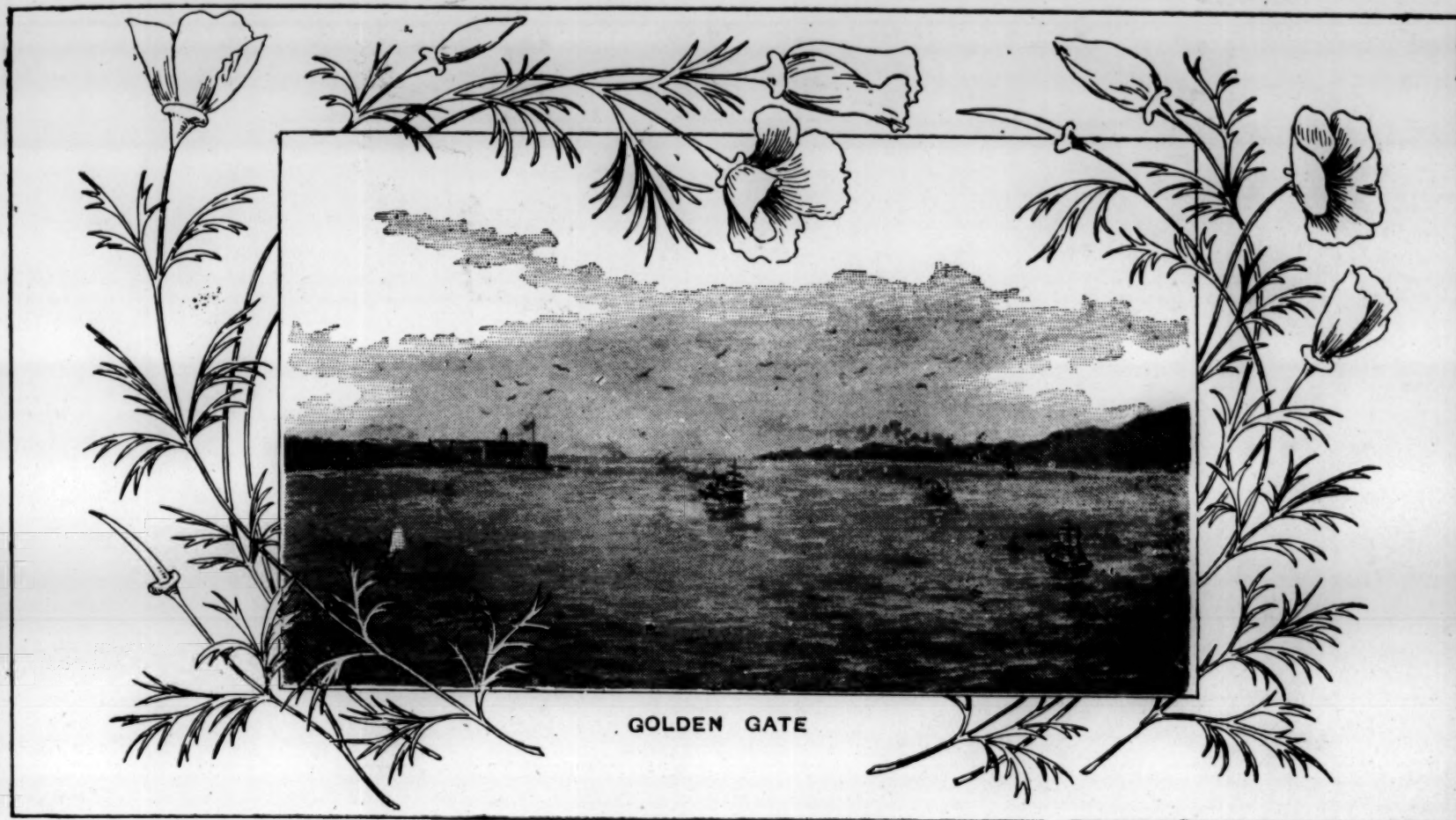


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California Medical Journal.

VOL XVII.

San Francisco, October, 1896

NO. 10



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California Medical Journal.

PUBLISHED BY THE CALIFORNIA MEDICAL COLLEGE.

Dr. C. N. Miller, Managing Editor.

\$1.50 per Year: Single Copies 15 Cents.

Let all Communications be addressed, and money orders made payable to the
CALIFORNIA MEDICAL JOURNAL.

1422 Folsom Street,

San Francisco.

Entered at the San Francisco Post Office as Second-Class Matter.

Contents.

	Page		Page
A Review of Serum Therapy (No 3).....	336	The Treatment of Neuralgic and Rheu- matic Affections.....	351
Seasickness	338	That Little "Yank".....	351
Markasol—A New Antiseptic.....	340	Lectures by a Distinguished Surgeon...354	
San Francisco's Centenarians.....	341	Alumni and Personal.....	354
Raised the Dead with Sodæ Sulphas....	343	Editorial	356
Tumors.....	344	Publisher's Notes.....	359
Away off Washington.....	347	Book Notes.....	362
Notes, Scraps and Prescriptions... ..	348		
Sarcoma of the Kidney.....	350		

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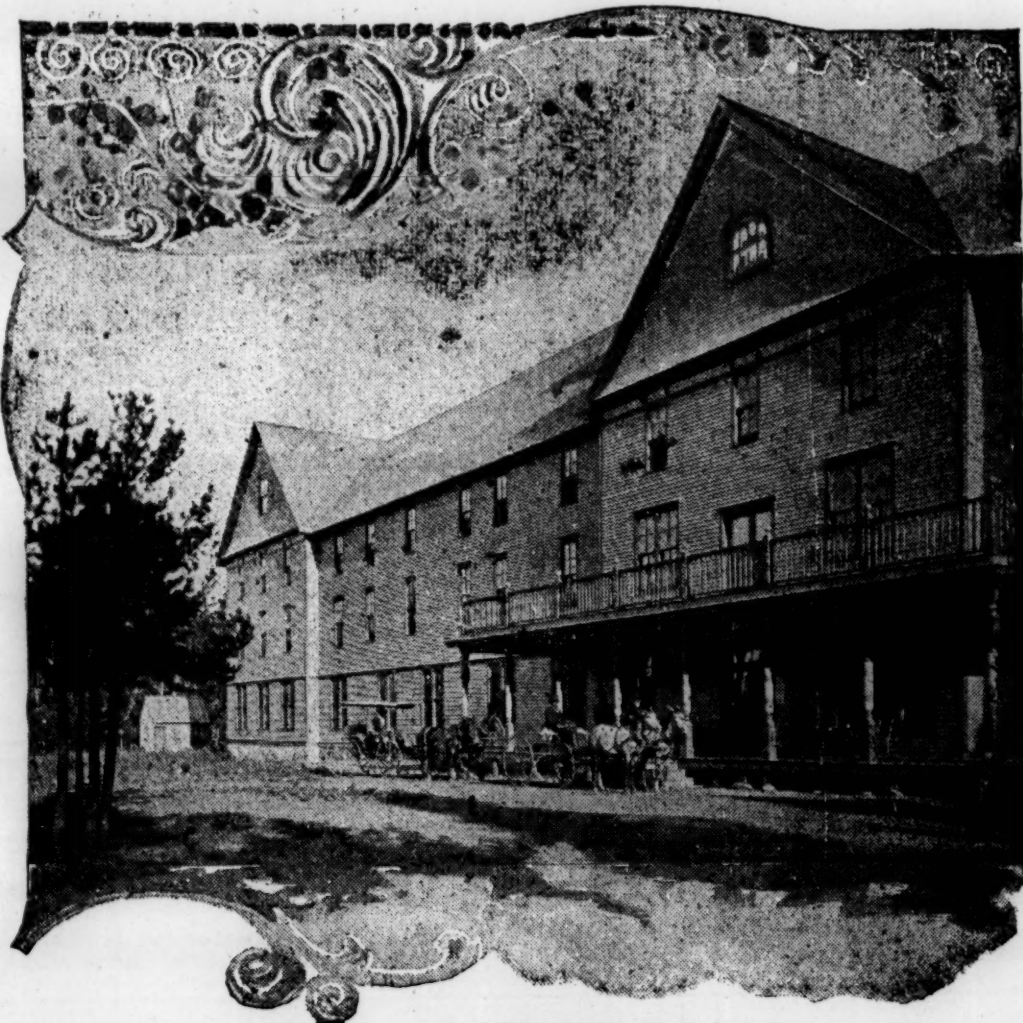
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FOR BRYAN OR McKINLEY—WHICH?
(A Campaign Snap-Shot.)

California Medical Journal.

VOL. XVII.

San Francisco, California, October, 1896

NO 10

A Review of Serum Therapy, (No 3.)

M. H. LOGAN, Ph. G., M. D., San Francisco.

PRACTICAL APPLICATION.—There are about twenty-five recognized microbic diseases to which serum therapy has been applied. Of these, four are common to man and the lower animals, ten are peculiar to man, and the balance are restricted to the lower animals.

ANTHRAX.—The discovery of the bacillus of this disease by Davaine in 1863 and the relative investigations by later scientists constitute some of the most important steps in bacteriology. By artificial cultivation the virulence of anthrax bacillus becomes attenuated so that by inoculations, animals may be made immune from the most virulent forms of the disease. Before the introduction of inoculation the average animal loss from this disease in France alone was 10 per cent among sheep, and 5 per cent among cattle. It is now reduced to 0.94 per cent among sheep and 0.34 per cent among cattle.

CHOLERA.—It is now generally understood that cholera is due to a specific

bacillus called "cholera spirillum." This is accompanied by or produces in the blood a toxalbumin which is very poisonous. Experiments upon animals show that the introduction of these cholera toxins into the body of a susceptible animal either with or without the living cholera spirillum results in the establishment of a certain degree of immunity from the toxic action of cholera cultures.

The cholera vaccine is nothing more than a pure culture in bouillon of comma bacillus. The dose is 2 c c., one c c. in each arm.

During an epidemic of cholera in Spain 50 per cent of those attacked died. After inoculation was used the mortality was reduced to 25 per cent. These statistics were gathered by advocates of the treatment.

A good authority, in closing a paper on this subject says; "Whether this method will be found to have any great practical value can only be determined by more extended experiments. But

in view of the fact that other measures of prophylaxis, well known to sanitarians, are sufficient for the prevention of cholera epidemics, and that nurses and others who necessarily come in contact with cholera patients are not likely to contract the disease if they use proper precautions with reference to their food and drink, the disinfection of their hands, etc. We doubt whether protection by inoculation will ever come into general use as a measure of prophylaxis against this disease. Certainly it cannot take the place of those sanitary measures which have been proved to be sufficient for the prevention of epidemics; namely exclusion by a proper inspection service (quarantine) isolation of the sick, disinfection of excreta, a general sanitary patrol of exposed towns and cities, boiling the water used for drinking purposes, etc. Still under certain circumstances protective inoculation may have considerable practical importance and the experiments now being made have evidently great scientific interest in connection with the question of acquired immunity.

Pettenkoffer says, "Too much importance has been given to bacteria as an etiological factor in the spread of cholera, and the importance of local conditions has been overlooked." He proved his assertion by taking into his system cholera bacilli, and they were found in his stools for 8 or 9 days afterward, while his health was not seriously affected.

All of the well known symptoms ascribed to the general ravages of cholera have been separated, and each

individual one ascribed to a particular toxin or ptomaine the offal from cholera spirilla, and the whole results of cholera are due to the combined effects of these 8 or 9 ptomaines, some causing a reduction of temperature, some an elevation, etc.

DIPHTHERIA.—This is recognized as a specific infectious disease, having primarily a local infection, and producing during its growth a very potent toxic substance, the absorption of which causes the toxæmia. The disease is not therefore an invasion of the blood and tissues by the pathogenic Klebs Loeffler bacillus. This bacillus is found only at the point of inoculation. A bouillon culture was injected into various animals and the results were invariably the same; the potent toxic substance was absorbed into the blood and tissues and caused death while no microorganisms were found in either blood or tissue except at the point of inoculation. The deadly toxin seems to be an albuminoid substance, but its exact chemical composition has not yet been determined. Cultures produced for the purpose of immunizing man or lower animals are treated to a temperature of 65° to 70° C. Now the toxalbumin is destroyed at this temperature, but the immunizing property of the culture is not injured, so we are led to the conclusion that cultures are composed of two opposite parts, a toxin which is destroyed above 65° C., and an antitoxine which is not so destroyed. The latter is composed of white bodies soluble in water and weak alkaline solutions, and giving all the reactions of albuminous principles. They

may be heated to 102° or 103° c. without losing their efficacy.

For the production of this antitoxin a healthy horse is selected and receives an injection of 0.5 cc. of a filtered culture, and this amount is gradually increased at intervals until at the 88th day the dose is from 250 to 300 cc. When the animal is fully immunized, from six to eight litres of blood may be taken from the jugular vein at one time. This blood is placed in an ice-chest for twentyfour hours, for the separation of the serum to take place. The dose of this serum is from 5 cc. for a child to 40 cc. for an adult.

The mortality under the old style of treating diphtheria was from 30 to 60 per cent according to the virulence of the epidemic. With antitoxin the mortality is said to be reduced to from 11 to 18 per cent. The opponents of this form of treatment point to a considerable number of cases so handled in which relapses occur after apparent recovery; also to the occurrence of the disease in children who had been previously treated with immunizing doses of serum, and to the failure to cure in not a few cases even by the administration of large doses of antitoxin. It is admitted that this serum has no power to destroy the diphtheria bacilli, or to relieve the suffocation resulting from the obstruction of the larynx, or to cure the acute parenchymatous nephritis due to the action of the deadly toxin elaborated by the Klebs-Loeffler bacillus.

At New York in April of '95 a Miss. Falentine received an injection of alleged antitoxin for diphtheria, and died a

few minutes after in fearful agony. The best imported article had been used. The next day in Brooklyn Jessie Hebler received the same sort of dose, and was thrown into convulsions; a second dose renewed the spasms and the treatment was abandoned. Two days later a physician of the Willard Parker Hospital, was exceeding vigorous in denouncing the new remedy, asserting that he had not seen a single instance where antitoxin had benefited a case of diphtheria, but that on the other hand he had found many deaths to be directly due to the new treatment. He maintained that many patients died of antitoxin who had never had diphtheria, the diagnosis having been made wholly upon bacteriological grounds while the clinical evidence was entirely absent.

Both averse and favorable comment is continually being made by the medical and lay press. Almost anything would be an improvement upon the old form of treatment, but this "Magnificently mounted cavalry charge" as Dr. Cooper calls it, seems to have entirely over-reached itself.

The New York Biological Institute prepares a double antitoxin for diphtheria and streptococcus, as it appears that diphtheria is fatal sometimes from streptococcus when no Klebs-Loeffler bacillus is present, or at least that the diphtheria bacillus is not always the cause of the disease. The price of this preparation is from \$1 to \$5 per dose.

GLANDERS.—This is properly a disease of the equine species, but it may be communicated to man and other animals.

The toxin has been isolated and is called mallein. From 0.01 to 0.02 of a grain is a dose for a horse.

Chronic glanders in man may be treated with from one-fifteenth to one-twentieth CC. of the antitoxin obtained.

Seasickness.

H. KYLBERG, M. D., Oakland, Cal.

This peculiar disorder can hardly be classed as a disease, but the very distressing phenomena of seasickness do so completely unnerve its victims for the time being, and the intense suffering of the patient, while it lasts, demands that the profession should give this dreaded affliction a little more attention and study than has heretofore been the case.

Apparently some subjects are entirely immune to the ravages of seasickness while others suffer intensely during every ocean voyage; from the beginning of the voyage until the anchor is dropped again. I have seen sailors who have spent all of thirty years going to sea and still have a touch of seasickness in rough weather. *Nota bene.* On leaving port.

If we thoroughly understood the etiology of seasickness, then our mode of prophylactic would certainly prove more efficient.

Having had considerable experience in the seafaring line I would hesitate to guarantee an absolute preventative. But let us reason it out and see if the following suggestions will not prove of some value.

The conditions rendering one subject to seasickness are as follows: Torpid-

ity of the whole alimentary tract, particularly of the stomach, liver, and lower bowel. There are two other conditions acting as important factors in making room for this most unpleasant shipmate—that is, either determination of blood to the base of the brain, or a condition directly opposite, i. e. a lack of blood supply at the base of the brain. Of the two conditions named the last being the asthenic form, is by far the most serious. So much for the predisposing causes. These however may become seriously aggravated before embarking on the voyage. The excitement in finishing up this or that business transaction, hard work, late hours, and last but not least, too many farewell dinners, with all the indispensables etc.

It has been averred that the direct cause of seasickness is the churning motion of the ship, which, vulgarly speaking, "shakes the liver out of 'em." And that the dizziness and more distressing head-symptoms are only the reflexes from the hepatic and gastric disorders. I believe this is entirely reversing the true *modus operandi*, and I firmly believe that, on the contrary the gastric symptoms are secondary to, and entirely dependent on a

disturbance of the cerebral centers this being primarily induced by confused vision. CONFUSION OF SIGHT SHOULD THEN BE THE EXCITING CAUSE OF SEASICKNESS!

I will endeavor to prove it. In no other condition in life do we find such a complete reversal and overturning of everything in our surroundings that we are ordinarily used to regard as FIXED OBJECTS.

If you have been there just remember the bewildering sight downstairs in the salon, where the floor seems to rise before you with (as you will imagine it) an undulating motion, at an angle of 45° , walls and ceiling keeping up the same fantastic.

It is a well known fact that the best place on board a ship to hold the fort against seasickness is on deck, amidship. And here comes an important point to prove my theory; that is, on deck, amidship is the best place as long as you look over the side, toward the horizon, but if you look forward or aft then the gyrations of the ship pitching, rising and falling before and behind you, immediately starts that sad, sad feeling.

The horizon being a fixed unmovable line affords relief to the much confused organs of vision.

At the floor of the fourth ventricle certain vaso-motor changes take place disturbing the centre of equilibrium, also favoring the unpleasant reflexes along the pneumogastric nerve. When the irritation of the pneumogastric is fairly underway, then we observe the difference in the one who indulged in too many farewell dinners, and the one

who acted more wisely.

Now a few words as to that precious ounce of prevention.

1st. Before starting on a voyage be sure that the bowels are unloaded, a saline cathartic is good on general principles.

2nd. It is just as bad to start out hungry as it is with an overloaded stomach, so be sure that the digestive functions are in good order before undertaking the trip.

3rd If there is a tendency toward anæmia of the brain, particularly the base of the brain, I would favor a gentle stimulant, heart tonic as a preparatory measure, and also to keep it up during the voyage.

4th On the other hand if there is excessive blood pressure—determination of blood to the base of the brain it is well to be prepared with a sedative like veratrum vir. or gelsemium semp. or such a coal-tar derivative as phenacetine.

If in spite of all your precautions and prophylaxis that sickening sensation should come over you, my advice is; stay amidship, on deck, as long as you can, with your eyes on the horizon getting all the fresh air you are entitled to. When you can not stand it any longer turn in your bunk, in the dorsal position. Close your eyes lightly—sometimes a tight bandage over the eyes will afford relief. If the stomach does not reject it a good round dose of spts. frumenti with the juice of half a lemon, will often show good effect.

In the plethoric—fullblooded patient, antipyrin in moderate doses will

be found of considerable advantage, likewise sodium bromide.

But after all if you should fall a victim the worst way to this dreaded monster of the deep sea, there is but one specific—albeit a certain, speedy, and effective one. The only difficulty with this specific medicine is the embarrassing circumstance that it is ex-

tremely difficult to obtain any quantity of it, the drug in question being too expensive.

However I will append my never-to-fail prescription for the worst form of seasickness :

R Terra firma

q. s.

Sig. To be trod ad. lib.

Markasol—A New Antiseptic.

DR. AUGUSTIN H. GOELET, Prof. of Gynecology in the New York School of Clinical Medicine. (Clinical Recorder July, 1896.)

I believe that the best method of closing the abdominal wound after Coeliotomy is to use a continuous suture of fine (No. 1.) chromic catgut for uniting the peritoneum, and to include with this suture the muscle but omit the fascia. Next, deep sustaining interrupted sutures of silk-worm gut are inserted. These are made to include the skin fascia and muscular layer. Before tying these the fascia is united separately with a continuous suture of the same fine chromic cat-gut.

The silk-worm gut sutures are now tied, the surface washed off and dried carefully.

The ideal dressing for the wound is one which has no disagreeable odor and will keep it perfectly dry. This will prevent germ propagation. I now use a boro-phenate of bismuth known as "Markasol" which has given more satisfaction than anything else that has been employed.

This is antiseptic without being irritating and is slightly absorbent and astringent. It will absorb the first oozing from the wound but holds in contact with the margin of the wound the protective lymph which is thrown out to favor union. It is dusted plentifully over the wound covering it and the sutures completely; over this is placed a layer of plain sterilized absorbent gauze and over this several layers of absorbent cotton, which is held in place by strips of rubber adhesive plaster (nearly encircling the body) and a many-tailed bandage.

This dressing may be left undisturbed until the sutures are removed. Then the same powder is again used and a similar cover dressing reapplied.

Since adopting this method of closing and dressing laparotomy wounds they have given no trouble whatever but have invariably healed by first intention, and the eschar is firm and unyielding.





MR. LOUIS GREENBERG

A San Francisco Centenarian

(From a Recent Photograph)

San Francisco's Centenarians.

(The Second.)

BY ELEANOR ROYCE INGRAHAM, San Francisco,

Peacefully ending his days in prayer and reminiscence at the Hebrew Old People's Home, near San Francisco, is Mr. Louis Greenberg, a centenarian, whose life was begun under stormy auspices. Born in that most unhappy country, Poland, August 15th, 1796, he witnessed many of the hardships suffered by the Polish patriots in the early part of this century. His father was an army contractor and a man of wealth and influence, possessing in addition to his Polish estates, extensive vineyards in Hungary, from the fruit of which was manufactured the famous Tokay, a wine highly prized by Europeans.

In his youth, Mr. Greenberg attended the Hebrew school in Seidlitz, his native town, acquiring there the elementary education given to most Jewish merchants' sons, and the punctiliousness in orthodox religious observances which he faithfully practices to this day.

In the partition of Poland his father lost his wealth and prestige, and the young man, realizing that he could never achieve success and happiness in his native country, went to France and established himself as an art dealer in Paris. Here he spent the greater part of his life, and acquired sufficient means to support his family

in comfort. Besides doing a large local trade, he made frequent trips to Algiers, receiving and filling orders for copies of famous paintings and other works of art, and was thus brought in contact with many French notables and foreign travelers. Possessing a decided strain of French blood, he now became a genuine Parisian, loving the city of his adoption as its natives do, and never returned to the unfortunate land of his fathers.

When far advanced in years, and bereft of his wife and little daughters, he came to America, and engaged in miscellaneous trade on a small scale.

He has been an inmate of the Home for more than five years, and is beloved by all his associates. The matron, who takes a cordial and tender interest in the welfare of all these old people, pronounces him the best of wards, and says that he carries his French gallantry to extremes, desiring, even in his age and feebleness, to remain standing while a lady addresses him, and that he shows at all times a considerate regard for the feelings of his fellow-men.

It was due to the kindness of the matron that the material for this sketch was obtained, for though Mr. Greenberg can speak English, he prefers French or German, and more es-

pecially in giving reminiscences is it natural for him to fall into the idioms familiar to his earlier years. He is somewhat hard of hearing, but not lacking in intelligence, as his ready and emphatic replies clearly showed. Now and then I caught certain phrases without their being interpreted, and when I asked what place he loved best of all those he had visited in his travels, there was no mistaking the French gesture and enthusiasm — "*Paris ! Paris ! Il n'y a qu'un Paris !*"

Unlike many aged people, Mr. Greenberg does not owe his longevity to abstemious habits. Following the European custom, he was made free use of alcoholics all his life, and now depends upon them more than ever. He consumes on an average at least 3 pints of whiskey and 4 pints of claret each week, and larger amounts seem to have no deleterious effect upon him. He eats very little and owes his strength almost entirely to these stimulants. He says that his health has always been good, and that he has always lived well, though not extravagantly. Certain restrictions govern the diet of the orthodox Jews, and these he has observed almost without exception.

Like most old people he sleeps little, but often remains in bed during a good part of the forenoon, never complaining of any discomfort, but saying merely that he is tired. The only organs of his system which seem to be impaired are the kidneys and bladder, and the affection (incontinence) is of an inconvenient rather than a painful nature.

In answer to the question whether longevity was hereditary in his family, the old gentleman replied that his mother died while still a young woman, but that his father lived to the age of 90 years. Of his brothers and sisters he never heard anything after leaving Poland.

The inmates of the Home are expected (save in case of indisposition) to keep regular hours and to partake in common of the wholesome bill of fare which is provided. Four meals are served each day; breakfast at 8:00; dinner at 12:30, coffee and light refreshment at 3:30, and supper at 6:30. Lights are out at 9:30. No festive echoes of youthful song and laughter disturb the midnight hour, for the Home stands apart in spacious grounds of its own. A conservatory and wide verandas add to its attractiveness. It was on one of these that Mr. Greenberg stood for the recent photograph from which the accompanying cut is taken.

The quaintest nook in this well-appointed institution is its little chapel. Here, at the celebration of the Atonement, the feeble but devout old man would have prayed all night had they permitted him. He remained standing at the altar long after the other worshippers had departed, and it was only when he saw that his action distressed his kindly attendant, that he suffered himself to be led away. Day after day he sits at his window, now gazing out upon the lawn with its palms and flowers, and now bending his eyes upon the pages of his Hebrew prayer-book, while he slowly winds

and unwinds the phylacteries bound on his brow and arm (according to orthodox Jewish custom at prayer) and murmurs to himself for the hundredth time the words of the sacred ritual. He was thus engaged when I entered the room.

At the close of our interview he inquired in English what I proposed doing with my notes, and after politely shaking hands, he turned back to his orisons with a peaceful sigh.

Raised the Dead with Sodæ Sulphas.

G. E. POTTER, M. D., 122 Washington St., Newark, N. J.

Editor California Medical Journal:—
In reading Dr. D. S. Stryker's paper, "RAISED THE DEAD WITH CACTUS" in the August number of your valuable Journal I was reminded of quite a similar experience which occurred in my first year of practice, in the fall of 1881. A child six years of age had been ill for seven weeks, with "lung fever," and attended by three regular physicians, who gave the case up as hopeless and said, "the child will die within a few hours." A neighbor, not a meddlesom Mattie, but one of those good souls that are always ready to do a kind act for distressed humanity, stepped in, and inquired how the lad was. The reply, that he was dying, caused her to remark, "where there is life there is hope," and intimated, that it would be well to call another doctor. She knowing of my early life and being a good neighbor of my mother's suggested the calling of "George," to see the child. (These two families consisting of fourteen souls, were with the exception of one girl all lost in the Johnstown Flood of 1889.) The father,

who had known me for years as a telegraph operator, said, "all right I will call him." At noon I saw the child and found him lying in a crib unconscious, eyes rolled upward, immobile and insensible to light or touch; face, ashy, waxen, cold and set—DEAD; tongue coated with a thick dry dirty white coating, cracked along the centre; lids, pale; arms and legs cold and the skin seemed dead, no pulsation at the wrist; breathing imperceptible, except upon placing the ear upon chest when a slight respiratory sound and the heart fluttering could be heard,

Being imbued with Prof. J. M. Scudder's "Specific Medication, I remembered his valuable teaching of the ACID and ALKALINE diathesis. Here allow me to digress, and say, that if Prof. J. M. Scudder did nothing more than to develop and promulgate the acid, and alkali diathesis, and its treatment he, for this alone, would deserve unending fame. As he would say, "this was a case portraying 'pallor,' and called for alkalies." After examination of the lad, I said there is but one remedy

for this case, whereupon the anxious parents said; "Doctor, Louis cannot swallow anything." "All right, leave that to me" said I, and forth with prepared

R

Sodæ sulphis grs. xx.

Aqua 3 ii.

and put three drops on the tongue repeating it every few minutes until a dozen or more drops had been placed in the mouth, then by grasping the throat caused artificial deglutition. This was continued in conjunction with

R

Pepsin (scales) grs. x.

Aqua 3 ii.

M Sig: A few drops every half hour in order to dissolve the coating and aid digestion.

The result was all that could be desired. Within a few days the pallor faded away, color returned and warmth also. Within two weeks the lad was sitting upon his faithful mother's knee eating his dinner when I called to see him. He fully recovered and subse-

quently had several repetitions of "lung fever" but recovered within a week or two.

Peacock feathers! Well, they were stuck in my hat by all in the neighborhood, but the prince of them all was the groceryman's a good level headed Irishman (who also lost his life in the great flood) who told all his customers that young George Potter, had done more than the big doctors could do; he had "RAISED THE DEAD TO LIFE"—all thanks to my Alma Mater. When a lad, a ditty or bye word, was passed along, viz: "They wonder how we do it but we do it," seemed apropos in this case. That I was highly censured and ostracised by the other doctors for "curing" the child goes without saying. The bigotry of bigots surely is the unpardonable sin—I have forgiven them. Now Mr. Editor if you see any Egotism sticking out of this paper knock it off and blame Specific Medication for it. Scudder did it and not

Yours truly,
Dr. G. E. Potter.

Tumors.

M. E. VAN METER, M. D., San Francisco, Cal.

The study of tumors is one of the most interesting subjects in the whole category of pathology. To properly diagnose, prognose and treat a tumor requires more tact, talent and surgical acumen than any other of the many pathological conditions that call upon the surgeon for relief. The first, and most important step, is to recognize

the nature and character of a tumor. For want of better terms I have used two words that are generally accepted as synonymous, but in my use of them they will have an entirely different application. By the nature of a tumor, I mean its real cell structure. Is it malignant, or is it benign? If malignant, of what particular variety. If

benign, from what particular tissue did it spring, and what is its particular type. By the character of a tumor, I mean what is its present condition; and at what stage of its life history has it reached. Some of these characteristics to be investigated and decided, are: What is the age of the tumor? Is it a fast or a slow growing one? At what period of its existence has it developed most rapidly or most slowly? Has it had a constitutional effect upon the patient; and if so in what way, and when were these symptoms first manifested?

The next step, which is also an important one, and on which not only a correct prognosis depends, but which decides the line of treatment to be pursued, is to be able to recognize the usual behavior of the particular kind of tumor in question. What organs are now, or likely to be involved; what effect is it likely to have on the future health and happiness of the patient; what will it do if left alone; and what will be the likely outcome of its removal or an attempt to do so? On the correct and scientific solution of the fore-going, depends the rationale of therapeutic and surgical procedure.

To understand the general nature and behavior of tumors is to possess knowledge, without which we would meet with no greater stumbling blocks; and to possess which requires great study and research, with acute perceptive ability; peculiar adaptability, and unusual diagnostic acumen. It is not every one who can be a good diagnostician, however learned in other ways. Neither can one be a good prognosti-

cian. And less able, still, are others to decide as to the line of treatment that will suit a given case. They all, each in his peculiar failing, seem to lack that particular ENTITY that would make him eminent where-in he is now a failure.

The study and physical examination, for diagnostic purposes, of many tumors, are so surrounded with irremediable obstacles, and the history is so shrouded and uncertain, that we can not depend upon the vague statements of the patient, nor upon our own *tactus eruditus*; but must, to some degree, rely upon an intuitive sense. I know that this statement will be ridiculed by most practitioners; especially the unthinking ones; but I am thoroughly convinced that the brightest diagnosticians that have ever graced our profession have made some of their most brilliant diagnoses by the aid of an intuitive sense; and owe their success, in part at least to that occult influence. We all know how, when we enter one sick room though we find the patient, apparently at death's door, we feel confident of a successful outcome, and when we enter another, though the patient at the time is not apparently seriously ill, we have a feeling that all will not be well; and we are seldom mistaken. But I am digressing.

While the examination and classification of external and superficial tumors may, as a rule be readily made by one at all conversant with the subject; yet we will find that we have a different proposition presented for solution, when we meet with abdominal

tumors, and those in other obscure locations. It is here that we are taxed to our utmost ability to decide upon a diagnosis, treatment and prognosis.

The questions of most importance to the patient are: First, what are the dangers connected with the operation necessary in my case? Second, are my present conditions and sufferings sufficient to justify me in taking the chances of an operation? Third, what can the surgeon promise me if I survive the operation?

The questions for the surgeon to decide, are: Is the tumor benign or malignant? Is it removable; and if so with what jeopardy to the patient? What constitutional effect is it now having or will likely have, if left alone? What can be promised as the result of an operation?

Now, for a surgeon to be able to answer these questions that must arise, inevitably, in every case; and must be settled before any conscientious surgeon will proceed to operate, he must be familiar with histology and pathology; especially, the pathology of tumors. He must be able to decide, in a given case, whether the tumor had an epiblastic or hypoblastic birth, if malignant; or from what particular tissue or organ it sprung, if benign. He must also know to what particular variety of tumor the different tissues and organs are most liable: The uterus, the rectum, the ovaries, the liver, the kidneys, the stomach, the brain, etc. This knowledge, while it may not be conclusive, will point the way that we may safely follow, if we are always on the alert to see the first

guide-board that will tell us if we must change our course. The knowledge of the nature and behavior of tumors as regards age and sex, will act as guides in many cases.

The diagnosis, treatment and general management of tumors, requires entirely different surgical tact and talent, from that required in general surgery. A foreign body, a shattered bone or a mangled limb, or an appendicitis all speak plainly as to the necessities in the case, and call loudly for it to be done. But with tumors, there are many "ifs" and "ands," many halting places by the wayside: Many things to be considered and decided, with the patient's future welfare always in view and the end to be sought. No surgeon should ever lose sight of the patient's welfare, in his anxiety to operate.

What I have written has been done, as it were, in a retrospective manner; but I shall, at some time in the future write something about, tumors in particular.

Greeley's Opinion.

One day a minister called on Horace Greeley to get a subscription for a temperance society. Greeley paid little attention to him. The minister kept insisting that he would speak to him. Finding the usual way fruitless, he said, in a somewhat loud tone: "Mr. Greeley, I want to get a subscription from you for the society to prevent people from going to hell." "Clear out," said Greeley, "I will not give you a cent. There are not half enough people going to hell now."

Away off Washington.

M. L. DOOM, M. D., Chehalis, Wash.

Dear Editor:—The California Medical Journal is a regular monthly visitor to my sanctum, and I point to it with much pride and call attention to "Our Journal."

Every Eclectic on the Coast should feel a personal interest in its advancement, and support. We are apt to become a little careless in the way of financial support of our over-worked editors and still expect a first class journal each month, but, when the doctor's patrons manifest the same kind of spirit, and they often do, we "protest" we cannot do good work without remuneration.

So if we can have, or support but one first class journal and but one school, let each use his influence and support for a journal and college where the principles of Eclecticism are taught in all that the term implies, as promulgated by the heroes of the past.

I am not a little amused to notice journals and papers speak of our state as "away-off Washington." My dear sirs, we feel much at home, and believe we have a state, the future greatness of which is to astonish the world.

As to climate, decidedly moist during the so-called winter months, but never cold. Summer delightful; all the hardier fruits rival or surpass our beloved California.

Gold, silver—in the earth—iron, coal, stone, lumber, shingles, fish, grain

and stock of all kinds are exported, with a rapidly growing trade to the Orient.

As you know, Eclectics of this State are not well organized and yet they have done much pioneer work that is to live after them. They have stood like adamant against a flood of opposition that you of the pioneer days of California can appreciate.

As you are aware, diplomas do not confer the right to practice medicine in this state. State Examining Board meets January and July of each year. Alternately east and west of the Cascade Mountains. Applicants in either case are required to travel from three to five hundred miles at the rate of five cents per. mile. The fee for examination is \$10.

On the Board are seven Regulars, two Homeopaths, no Eclectics.

There is no redress for an applicant rejected. I would not leave the impression that any would be unjustly rejected. The Board are honorable men, but to say there would be no feeling prejudicial to Eclectics and Homeopaths would not be in accord with human nature.

I believe the prevailing diseases here are much as in California, fevers, typhoid and continued, but no malaria, whatever that is.

I confine my practice to Gynecology and Electro-Therapeutics, hence I am

not so familiar with the acute diseases as are others.

I should like to hear from every Eclectic within this State. As we

cannot expect amended legislation unless we demand it, we will require specific and concentrated action in order to advance our cause.

Notes, Scraps and Prescriptions.

FRANK D. WALSH, M. D., San Francisco.

ADHESIVE PLASTER.—Remove the plaster sticking to the skin by wetting with a mixture of *ol. terebinthinæ* and *ol. olivæ*, equal parts, afterwards washing off with soap.

A THEORY CONCERNING THE "TOPICAL" ACTION OF ACIDS AND ALKALIES ON SECRETION.—Dr. Ringer, in his work on Therapeutics, says: "I wish to note the action of acids and alkalies on the secretions of the body, and to draw attention to a theory which I think explains their action in this respect; moreover, this theory serves as a useful guide to their correct employment in disease.

Acids are powerful stimulants of salivary secretion. The impression from the acid is conducted to the spinal cord, and is thence reflected through the cerebro-spinal nerves supplying the salivary glands; for if these are divided, acids cease to augment the salivary secretion.

Repeated and careful experiments have established the fact that dilute acids taken into the stomach check its secretion; alkalies, on the other hand, powerfully excite the secretion of the gastric juice.

Acids, then, check acid, but increase

alkaline secretions; while dilute alkalies stimulate acid secretions.

From these facts the more general law is inferred, that acids, applied topically, check the production of acid secretions from glands, while they increase the flow of alkaline secretions; the very reverse being the case with alkalies, for alkalies applied to the orifices of glands with acid secretions increase their secreting power, while alkalies applied in a corresponding way to glands with alkaline secretions lessen or check this secretion.

In support of this generalization I have ventured to propose, I will now adduce some practical instances of the efficient therapeutic employment of acids or alkalies.

Acids are useful to allay thirst, by promoting, through their topical action on the mucous membrane, the secretion of the alkaline saliva.

Acids given shortly before a meal generally check acidity.

Alkalies given shortly before a meal increase the secretion of the acid gastric juice, and so promote digestion.

A weak alkaline lotion is often useful in the weeping stage of eczema, by checking the alkaline watery exudation.

A weak alkaline injection is efficacious in that form of leucorrhœa depending on a too abundant secretion from the glands of the uteri, the secretion in that part being alkaline.

EPIDIDYMITIS:

R

Sodii bromidi,
Acidi borici. aa ʒ viii
Tr. aconiti gtt. viii
Tr. belladonnæ ʒ i
Liq. cit. potassii qs. ad. ʒ viii
M. Sig.: Tablespoonful three times a day.—Dr. J. Wm. White, in the *Medical World*.

IODOFORM GLYCERINE INJECTIONS.—The discussion held at the meeting of the American Orthopædic Association in Buffalo, May 19, 20 and 21, 1896, brings forth the fact that in the majority of cases, the action of iodoform glycerine injections in tubercular bone disease, has proven very disappointing.

TO OPEN AN ABCESS.—Do not use the old-fashioned curved bistoury in opening the simplest abcess. It is unsurgical, because you proceed from within outward—from the unknown to the known. This is a false principle in philosophy, in surgery, and in everything. Cut from the surface inward, and you can deal with difficulties in the order in which they occur. Always work with the aid of sight, and do not pin your faith on anatomy.—*International Journal of Surgery*, May, 1891.

THE CRY OF CHILDREN.—VOGEL.—Children who suffer from pneumonia, pleuritis, or atelectasis of the lungs, *never cry loud, or continuously*, they can only emit a low, painful moan. Children afflicted with catarrhal, diphtheritic,

or croupous laryngitis, are unable to cry at all; *they are aphonic*. The milder degrees of catarrhal inflammation of the larynx do not completely suppress the cry, but make it hoarse. Hydrocephalic children utter only *shrill tones*, and after each outcry relapse into their former drowsiness. A child ill with fever *never cries continuously* nor long, even when it suffers violent pains. Children suffering from otitis, deep abscesses, or when wounded, cry the longest and most violently.

COCAINE POISONING.—The symptoms are vertigo, excitement, loss of consciousness, cramps, pallor of the face, accompanied by a small, rapid pulse, etc. The majority of these cases have, as a rule, terminated favorably. A number of fatal cases have been reported.

The best antidotes for cocaine poisoning are *amyl nitrite*, strychnine or ammonia, which should be given just as soon as there is any symptom of cerebral anæmia.

EXTIRPATION OF TUMORS.—In removing tumors, three requirements have to be commonly held in view:

Firstly, the avoidance of septic infection from without or from within.

Secondly, the complete removal of the neoplasm.

Thirdly, its safe removal.—Gerster.

ACETANILID AS AN ANTISEPTIC.—My attention was first called to acetanilid as an antiseptic, by a paper by Dr. Thos. S. K. Morton, published in the *Philadelphia Polyclinic*, February 16th, 1895.

Dr. Morton's observations were made upon its use in one thousand cases, and the results obtained were so

marked that I began its use.

Its power in preventing or checking suppuration, has, with me, placed it ahead of all other dry dressings.

If applied undiluted to a large surface or wound, toxic symptoms appear in susceptible individuals.

It does not irritate the skin or wound under any circumstances. Most of the time I have used acetanilid undiluted, but occasionally have used it with boracic acid, equal parts.

"Acetanilid is soluble in 5 volumes of alcohol, in 20 volumes of ether, and in 200 volumes of water. It is soluble in liquid petrolatum to the extent of 40 grains to the ounce. It is freely soluble in chloroform." (Morton).

Acetanilid is useful as a dressing or injection in tubercular lesions, abscesses, carbuncles, ulcers, chancroids, rectal affections, and is especially useful in cases, where the wound is filled with dirt, grease, etc.

POISON OAK.—In this disease, there is nothing that appears to be of as

much benefit as a solution of chlorinated soda — *Labarraque's solution*. It can be applied full strength or diluted. The dressings should be kept well soaked in the solution.—Dr. J. A. Cantrell, in the Philadelphia Polyclinic, May 12, 1894.

Eucaine is the name of a new local anæsthetic; it is a synthetic product. In eucaine we have a drug that produces a local anæsthesia, fully as effective as that of cocaine. The reports of its use in ophthalmic practice show that it causes anæsthesia of the conjunctiva without affecting in any way the normal reflexes of the pupil.

Eucaine is practically innocuous. It is used hypodermically in a five to ten per cent solution. As much as thirty grains; equal to twelve syringefuls of a 15 per cent solution have been used, but it is seldom that such a large quantity will be required. This drug has the power of hardening the tissues somewhat, but wounds heal quickly and without any signs of its effects.

Sarcoma of the Kidney.

D. MACLEAN, M. D., San Francisco.

A short time ago, a child presenting an abdominal tumor was sent to me by my friend, Dr. Fearn of Oakland. I informed the parents that it was a doubtful case for operation, as in all probability the growth was malignant, but that it was the only hope, as the child could only live but a few days.

The tumor was smooth, solid in some

portions, in others presenting a feeling of fluctuation. It filled the entire abdominal cavity so that it was impossible to decide its origin, but from the history of the case, decided it was either from the liver or right kidney.

I advised an exploratory incision, and, if found that no extensive adhesions existed, that it might be removed.

The parents consented, and after the proper preparation, with the assistance of Dr. Van Meter, an incision was made to the right of the median line. It gave the child immediate relief in its breathing, by removing the pressure from the lungs, but the adhesions were found to be so extensive that any attempt at removal would be fatal. The incision was closed. The little patient rallied, but breathed its last two days afterwards.

A post-mortem was held. The tumor was found to have its origin in the right kidney, having extensive adhesions to the liver, peritoneum and intestines. It weighed six pounds. The heart was crowded up to the clavicle, and the liver as high as the second rib. The lungs were so compressed that but little breathing space was left. In fact it was astonishing that the child could have lived any

time with the pressure that existed on all the vital organs.

The clinical history of the case differed in no wise from similar cases. When the child was four months old an enlargement of the right side of the abdomen was observed, which gradually increased until the past two months, when it took on a rapid growth. Soft sarcomatous tumors are deceptive, as they present every indication of being filled with fluid, but if a trocar is inserted into the mass, only a little dark blood flows.

The mortality of sarcoma of the kidney is great, and as the growth is rapid, an early operation is indicated. The result, however, is not flattering. Of sixty-four cases operated on by Dr. S. W. Gross, five only were living two years after the operation. Fifty-two per cent died from the operation, and the others from recurrence.

The Treatment of Neuralgic and Rheumatic Affections.

Extract from the September Number of the Medical Summary.

In spite of extensive researches into the functions of the nervous system, we have not yet succeeded in obtaining precise and certain data concerning neuralgia. Austie thus defines neuralgia:

"A disease of the nervous system manifesting itself by pains which appear to follow the course of certain nerves, ramifying sometimes into a

few, sometimes into all the terminal branches of those nerves." What is of importance for us to know from its bearing on treatment, is the etiology and pathology of its affection. In order that the functions of the nervous system may be normally performed two conditions must exist, viz:

1. The integrity of the nervous system itself, its cells and fibres.

2. The integrity of the circulatory system.

* * * *

Another affection whose primal cause is often a matter of as much doubt as is that of neuralgia, is chronic rheumatism. This is a term which is loosely applied to many ailments not really of rheumatic origin. Almost any obscure and obstinate pain which is not traceable to some other agency, is apt to be attributed to chronic rheumatism. Under this head then there come to be ranked many aches and ailments which, not being of rheumatic origin, have no claim to the title. Chronic rheumatism properly so called is a milder form of the subacute variety in which there is not sufficient local inflammation to prostrate the patient or to raise the temperature. Just as the acute runs into the subacute, so the subacute runs into the chronic by the insensible gradations. It also exists independently of them. The malady is characterized by the occurrence of pains obstinate in nature, and sometimes shifting in character, affecting the joints, muscles and fibrous capsules. The affected parts may be somewhat tender to the touch, but are not, as a rule, distinctly swollen. The pain is increased by damp and cold. It often disappears in fair and returns in wet weather. It is a troublesome ailment which frequently lasts off and on for months, even years. During its continuance there is often laid the foundation of future cardiac troubles. In the age, in the personal and family history of the patient, in the shifting character of the pains, and in the oc-

casional slight rise of the temperature we have the best means of distinguishing true chronic rheumatism from the other ailments, gouty, arthritic and neuralgic, with which it is often confounded. The treatment of neuralgic and rheumatic affections is both constitutional and local. For some time now I have been using the tongaline preparations in the treatment of these maladies, and the results so far have been most gratifying.

THAT LITTLE "YANK."

Santa Barbara, Cal., Sept. 16, '96.
EDITOR CALIFORNIA MEDICAL JOURNAL,
1422 Folsom st., San Francisco, Cal.

Dear Sir:—I am not disposed to *kick* at the little "yank" at the doctor's leg on page 328, September number, calling attention to the fact that the editor was pining for a "bike," and the printer needed, *most distressingly*, a gold-headed cane, regardless of sundry unpaid bills etc.

Your way of coming at a fellow is *irresistible*; it brings the coin.

This reminds me of the farmer who, passing a neighbor's house, was set upon by a savage dog, and being armed with a pitchfork, he soon dispatched the dog; whereupon his neighbor was very angry, and severely rebuking him, asked him why he didn't use the other end of his fork, to which he replied: "Why didn't your dog come at me *the other end first*? If he had, there would have been no trouble, for I should *clim a tree*; but as it was I couldn't help myself."

Like the farmer, I see no chance for

escape. I am compelled to "fork over," but I sincerely hope that in the present instance, the white metal, shocking as it may be to your sight and sensibilities, will not kill the dog, but that he may live long to bring other stragglers to time.

The CALIFORNIA MEDICAL JOURNAL has improved much the past year. I enjoy the illustrations as well as the printed matter. I have so many journals that I determined to stop some of them, but do not feel ready to say "Quit" to you *just now*, so keep on sending it, and when your "bike" is worn out you know how to go to work to get another.

Yours trustingly,

C. S. STODDARD., M. D.

Death of Professor Fowler, the Phrenologist.

Prof. Lorenzo Niles Fowler, a phrenologist who for nearly half a century has been prominent in making the science of phrenology widely known and properly valued, died of paralysis on September 2, in West Orange, N. J., at the home of his sister, Mrs. C. Fowler Wells. He was born June 3, 1811, at Cohocton, N. Y., and was consequently just over 85 years old. He had returned to the United States only a fortnight ago, after having been for thirty-five years in Great Britain, where he was engaged in phrenological work. Among those who had at different times been phrenologically examined by him were the late Nicholas III, Czar of Russia; Dwight L. Moody, Horace Greeley, Harriet Beecher Stowe, Ralph Waldo Emerson,

Walt Whitman, Samuel F. B. Morse, Cyrus W. Field, Sir Henry Irving. Dr. Joseph Parker, whose church Prof. Fowler attended in London; John Bright, Richard Cobden, Sir John A. MacDonald, Charles Dickens and William Cullen Bryant.

Prof. Fowler was a farmer's son, and was sent to Amherst College, where he was a classmate with Henry Ward Beecher, with the idea of his becoming a Presbyterian minister, a profession which he relinquished to devote his life to the then comparative new science of phrenology, his brother, Orson S. Fowler, being associated with him. They at first met with considerable opposition, which Prof. Fowler did much to overcome. He was married in 1844 to Dr. Lydia Folger, of Nantucket, Mass., who died in 1879. She was one of the first women in the United States to receive a medical degree, and she, as well as her husband, traveled all over the country lecturing upon phrenology, and making examinations.

Prof. Fowler is survived by one brother, Dr. Edward Fowler, of New York, and two sisters, Mrs. C. Fowler Wells, of West Orange, and Mrs. Dr. Fowler Breakspear, of Birmingham, England.

Physicians Storage Batteries.

Attention is called to the ad. of the Union Iron Works, Pacific Coast Agents for the "Chloride" Storage Battery. The reputation of this firm is a sufficient guarantee that the work they do for physicians will be satisfactory.

Lectures by a Distinguished Surgeon.

Surgeons and physicians of whatever school have been much interested in the course of lectures recently delivered at the Cooper Medical College in San Francisco, by Professor MacEwen, Regius Professor of Surgery, University of Glasgow, Scotland.

Brain surgery was the subject treated, and in addition to diagrams he used many stereopticon slides made from photographs of frozen sections of the brain and adjoining organs, particularly the ear. The anatomy of the brain, its relation to adjoining organs, and the extension of disease from these organs to the brain were all minutely portrayed, many fine points being brought out. The location of cerebral abscesses by external symptoms, and the treatment of them and of various diseases liable to be transmitted to the brain occupied the major portion of the professor's attention, and proved of profound interest to his hearers. His success in opening the skull and operating on the cerebrum has won him world-wide fame, and he entered into a discussion of certain of the most delicate operations known to science, displaying his instruments and describing each step of the marvelously difficult and dangerous work with a nicety of detail and a simplicity of speech that charmed his hearers. The use of antiseptics formed the basis of one lecture, and two others were illustrated by actual operation, one of the patients presenting a case of hernia, and the other of mastoid abscess.

Alumni and Personal.

DR. DOBA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S.F.

DEAR ALUMNI:

Pencils are cheap, and good Uncle Sam will carry your letters for almost nothing. Are times so hard you cannot afford to wear out your brains in writing? There must be some good reason for such wide-spread silence. Time is money, the article the manager is always calling so loudly for as to positively shriek. Time and money are unfortunately not always interchangeable, but the Alumni editor will be satisfied with a little—just a little of your time, but we need that little badly. Help us out with news for our columns. Toot your horn and those of your brother alumni.

College opens for the year of '96-'97, Monday, October 5, and Prof. Maclean is as busy as a bee having a general good, old-fashioned house-cleaning. There are workmen everywhere. Putty and varnish, paint, shelving and cupboards are in constant evidence. The clinic rooms, the laboratory, the California Drug Store, are all receiving liberal attention. Each new class has increased privileges. Change is life and growth, and we are glad to note evidences of vitality and prosperity in our Alma Mater.

The class of 1884 comes next to be written up. People have sent corrections of the records of former classes, after the account was published. We have repeatedly asked members of the

earlier classes to give us any information possible of their former classmates. We being unacquainted with these classes, cannot unaided give much news of them.

R. W. Musgrave, M. D., Hanford, King Co., Cal., practicing. Doctor M. is one of the leading physicians of Hanford, having been practising in that one location since his graduation. He has large business interests, besides his large practice.

Fidelia Sage, M. D., practicing. Location Howard street, San Francisco. She was one of the many M. D.'s from this city to attend the National at Portland, which speaks for itself of her prosperity.

N. W. Williams, M. D., Traver, Cal., practicing. One of the leading physicians of Traver, being interested in other business quite extensively.

A. C. Keating, M. D., San Bernardino, Cal., practicing we believe, as are also :

Mary S. L. Short, M. D., Denver, Colo.

William Weber, M. D., Oakland, Cal.

P. B. Wilson, M. D., Sydney, N. S. W.

Carrie F. Young, M. D., Berkeley, Cal.

J. M. Young, M. D., Oakland, Cal.

—
We are in receipt of a letter from Dr. B. F. Fallon, Myrtle Creek, Oregon. The Doctor is an old army surgeon, a graduate of the Eclectic Medical College of Cincinnati, Ohio, 1859. He is suffering from hemiplegia in right arm and leg,—not complete, but partial. The usual symptoms follow. Improvement has been very gradual, under the use of massage, stimulants, liniments, pulsatilla, nux vom., rhus.

tox., maltine, coco-wine, beef-wine-and-iron. The Doctor would like some suggestions as to the treatment of his case, from the readers of our Journal. We hope soon to hear of his complete recovery.

—
E. W. Dickison, M. D., Webster, S. D., writes: "Please put me on your subscription list and send me the Journal." Thank you, Doctor; the Journal hopes you will experience as much pleasure from its perusal as the Journal from your letter.

—
C. H. King, M. D., Traverse City, Mich., wishes to locate in our sunny clime, if he can find a suitable location. The Doctor is a Bennet graduate, also graduate of the Polyclinic of Chicago, and makes a specialty of orofacial surgery. He thinks every Eclectic should feel it his duty to subscribe for the Journal, a sentiment that is doubtless heartily indorsed by the Managing Editor. We hope you will be able to locate in this land of sunshine and flowers, Doctor.

—
Dr. S. A. Davis, of Salem, and Dr. J. M. Cain, of Halsey, send kind words from Oregon while renewing their subscriptions. Thanks; we are always glad to hear from the boys of the North.

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Lectures at the California Medical College will commence October 5th. Students should be on hand as promptly as possible. It is easier and in every way better to keep up than to catch up.

CALIFORNIA : MEDICAL : JOURNAL.

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

Terms: \$1.50 per annum, In Advance.

The Editor disclaims any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the

CALIFORNIA MEDICAL JOURNAL.

1422 Folsom Street,

San Francisco, - - - California.

*Editorial.***Rats!**

"WHEREAS, the Texas State Medical Association adopted the report of the committee, wherein it was recommended that the Homœopaths and Eclectics be recognized in the law, in order to get a constitutional law passed governing the practice of medicine, and as some uninformed persons may construe this into an indorsement of the Homœopaths and Eclectics, Therefore we positively declare that we do not recognize them, only so far as they are recognized by the statutes and constitution of the State of Texas, to enable us to have a medical law passed in the state; but that we stand by the code of the American Medical Associa-

tion, and will expel any doctor of the state of the Texas Medical Association who will lower the dignity of the 'regular' medicine as to meet them in consultation."

Resolution passed by the Texas "regulars" at their recent annual meeting at Fort Worth, Texas.

"The Three Schools of Medicine."

We are in receipt of a pamphlet with the above title by Dr. L. S. Downs, of Galveston, Texas. It is a simple and concise showing, under the form of a consultation between Mrs. Goodsense and Dr. Reform, of the exact difference between the three schools of medicine. The treatise is temperate and dignified in tone, and will be a good educator. Evidently Texas needs a large edition.

The Crisis at Hand.

The Cuban insurgents need assistance, and need it at once. Spain will have seventy thousand additional troops landed by October first, making two hundred and twenty-five thousand men in all, while the insurgents are facing them with only eighty thousand men. Still there is hope for Maceo's men, if they can only have the supplies they need. It is said that many of these brave men are fighting with no clothing but a shirt.

The filibuster "Three Friends" has made two successful trips since the first of September. She will attempt to make four more landings during the month.

A citizen of the United States was wrapped in an American flag by Spanish soldiers and burned to death. As a nation we cannot, or do not, resent the insult. This is a presidential election year, and we have no time for war with Spain. As individual citizens we can resent the insult and show our displeasure by rendering assistance to the suffering revolutionists. There are ample facilities for landing food and clothing. The U. S. Cuban Relief Corps, headquarters 904 Fort Dearborn Building, Chicago, are receiving voluntary contributions of clothing, shoes, hats or cash subscriptions, and are relieving much suffering.

Cash subscriptions will be received by Our Journal and duly forwarded.

The Silver Cure.

So long ago as 1834 silver was so much more plentiful than gold that to represent an equal value, the dollar of one had to be made sixteen times heavier than that of the other.

At that time the great silver deposits of the earth that are now in sight had never even been dreamed of. Our silver friends can command the sun and moon to stand still and the earth to turn backward, but is it reasonable to suppose their commands will be obeyed?

They cry "All that is needed is that the government of the United States shall somehow pay \$1.29 to any one who will bring it 60 cents' worth of silver. If this be done, our financial troubles will immediately disappear. Prices will advance. Wages will go

up. Everybody will have plenty of money. We shall have at once the only perfect financial monetary system known in history, and"—

Yes, yes, dear friends, but—"somehow"?

The Tri-State Medical Society.

The eighth annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee is to be held at Chattanooga, October 13th, 14th and 15th. The physicians of the South are noted for excellent work in medicine and surgery. They have arranged an exceptionally interesting program for this meeting.

Our Frontispiece.

We expected to have the portrait of a prominent Eclectic of the East for our frontispiece, present issue, but were disappointed in receiving photo in time.

The substitute that appears will serve in future years as a memento of the troublesome days of '96, when wise men could scarcely tell which was right or which was wrong, and when pressed for answer were prone to "wink the other eye."

The Root of all Evil.

We like money for the good it will do, and especially for paying bills. Therefore, our subscribers—but of course you understand that we have bills to pay; it is hardly worth while to mention that. Do you try real hard to pay 'em, Doctor?

Meeting of the State Society.

Keep in mind the date of our State Society meeting, November 18th and 19th. Come up, one and all, and help to make just such a meeting as you would like to attend. Sharpen your pen point and begin work on that paper; a few thoughts each day, and then carefully condense and re-write the whole.

Leave out all apologies; commence with the subject matter, and close when you have told what you know concerning it. Have your paper all corrected and ready for the printer. Let it be type-written and with wide spaces between lines. There is no excellence without labor, but in this case it is labor that will do you good. No greasy, crumpled, pencil-written manuscript, scribbled illegibly on both sides of the paper used will be accepted for publication by Our Journal. The world has advanced beyond that stage, and we are pushing, not holding back. Look alive, doctor.

A well-equipped office is the doctor's pride and his guarantee of success. N. W. Mallery has what you need. Crocker Building, San Francisco.

A good Thermo-Cautery is a necessity in a surgeon's office. F. Drumm will supply you at reasonable rates. 43 Park st., New York.

MACLEAN HOSPITAL AND SANITARIUM.

Monthly Report of Cases Received.

Dr. M. H. Logan, Aug. 20. Miss D., operation rectal. Discharged Aug. 27.

Dr. J. W. Hamilton, Aug. 22. Mrs. W., died. Vaginal hysterectomy.

Dr. W. D. Harvey, Aug. 20. H. C., necrosis femur; excision part of middle third.

Dr. M. H. Logan, Aug. 24. Mrs. H., cervix; repair perineum and rectal. Discharged Sept. 1.

Dr. G. G. Gere, Aug. 27. Mr. D., ulcer on leg.

Dr. M. H. Logan, Aug. 27. Mrs. M., ovariectomy. Died Sept. 6, of shock after operation. Autopsy: Wound in healthy condition. Lived 72 hours after operation.

Dr. M. H. Logan, August 31. Mrs. B., threatened miscarriage. Remained 3 days.

Dr. M. E. Van Meter, Sept. 2. Mrs. M., ovariectomy. Removed right ovary, Operation Sept. 10; discharged Sept. 23.

Dr. D. Maclean, Sept. 5. Mr. M., necrosis of fourth rib and puncture of lung, caused by fracture.

Dr. E. E. Hicks, Sept. 7. Miss H., venereal.

Dr. M. H. Logan, Sept. 7. Mrs. M., nervous prostration.

Dr. M. E. Van Meter, Sept. 8. Mrs. N., ovariectomy. Operated Sept. 10.

Dr. G. G. Gere, Sept. 10. Mrs. T., operated Sept. 12 for hernia and ovariectomy.

Dr. E. E. Hicks, Sept. 17. Mrs. M., confinement, boy, Sept. 19.

Dr. J. W. Hamilton, Sept. 19. Miss

R., bladder, vagina and rectal; operated Sept. 20.

Dr. J. W. Hamilton, Sept. 21. Mrs. S., rectal; operated Sept. 22.

Dr. Bracket, Sept. 22. Mr. R., varicocele; operation Sept. 23.

Dr. M. H. Logan, Sept. 24. Mrs. M., cystitis.

Publisher's Notes.

Prevalent Malarial Conditions.

When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the especial class of affections which call for their use. Antikamnia may now unquestionably be called a perfect substitute for morphine, for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. But antikamnia not only possesses the good qualities of morphine without the bad, but it also has the properties peculiar to the coal-tar series. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the

presence of malarial poison. All such conditions are greatly benefited by the use of this combination "Antikamnia and Quinine Tablets," each containing $2\frac{1}{2}$ gr. antikamnia, $2\frac{1}{2}$ gr. sulph. quinine, meet the indications most frequently. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets will produce the most happy results.

Alterative Tablets.

(Waterhouse.)

R. Ext. Red Clover; Ext. Phytolacca; Ext. Stillingia; Ext. Lappa Maj.; Ext. Podophyl.; Ext. Iris Vers. Iodide Potash.

DOSE.—1 to 4 tablets.

This is made of fresh material, and is a splendid remedy (In 2 oz. bottles.) Price 35 cts. per oz. See ad.

A Delicious Beverage for Invalid and Doctor.

Condensed grape juice produced by what is known as the "cold blast" process, that is, a large proportion of the water contained in the original juice of the grape is eliminated by means of rapidly moving currents of cold, dry air. The resulting product, owing to its high state of concentration, is preserved without the addition of any chemical or other substance. The product thus obtained is first sterilized and then hermetically sealed in bottles, ready for shipment to any part of the globe. CALIFORNIA CONDENSED JUICE



Co. Los Gatos, Santa Clara Co., California.

A Case of Ulcer of the Stomach Treated with Protonuclein.

By N. H. KIRBY, M. D., Concord, Mass.

Mr. J., aged twenty-four, farmer by occupation, sought advice for ulcer of the stomach. I straightway put him upon a strict diet, and gave him Protonuclein, grs. iii, every four hours, to be taken religiously. From the beginning of the administration of Protonuclein he began to improve, and gradually to retain food. The pain began to diminish and he gained fully ten pounds in weight within the first two weeks. His appetite and strength returned, and in fact there was rapid and permanent improvement. At the present time of writing he has ceased taking Protonuclein, and when I last saw him he was apparently well.

Oleomargarine and Wasting Diseases.

(Scientific American Supplement, July 18, 1896).

There are a large number who imagine oleomargarine is made from any old scraps of grease, regardless of age or cleanliness, which is quite the reverse of fact; indeed a good "oleo" can only be had by employing the very best and freshest of fat. This "artificial butter" is as purely wholesome (and perhaps even better as food) as the best dairy or creamery product.

Recently, Jollies and Winkler, who are the official chemists for the Austrian government, after a very thorough

investigation, announced, through the columns of the *Zeitschrift fur Hygiene*, that the only germs ever present in "oleo" are the varieties common to air and water. Although carefully sought for, tubercular bacilli and other obnoxious bacilli were conspicuously absent. They also found that the dairy product is especially liable to be contaminated, inasmuch as the best process of manufacture failed to eliminate all the lactic acid ferment, the action of which even salt cannot neutralize, save for a very brief period.

Products which are of rank character, do not emanate from reputable factories (which are invariably connected with beef packing houses), but from petty manufacturers who accept fats of all kinds that are rejected by the regular oleomargarine makers. It is surprising the amount of fat that a consumptive finds it possible to consume when employing "oleo" instead of butter. The "oleo" manufactured by Armour & Co., of Chicago, is guaranteed as pure and cleanly as any dairy product.

Uterine Derangements.

I have used aletris cordial in my practice for over a year, and to say that I am pleased with it does not nearly express the degree of my satisfaction. Aletris cordial fills a long-felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.—L. M. McLendon, M. D., Georgiana, Ala.

The Maclean Hospital and Sanitarium.

Under the new management many changes have been made and regulations adopted that add greatly to the comfort of the patient and to the satisfaction of the attending physician. Send for circular. See Add.

Palpebrine.

We refer our readers to the advertisement of Palpebrine which appears for the first time in this number. This product will be found useful in the following forms of external eye diseases:—

Simple, acute, catarrhal, venereal, strumous and chronic conjunctivitis, acute and chronic blenorrhea of the conjunctiva, inflammation of the lachrymal sac, blepharitis etc.

Palpebrine is indicated in all cases where an accurate antiseptic solution of known quality and quantities are required.

Palpebrine is superior in its action to the remedies now in use. It contains all the constituents of aqua conradi as recommended by the renowned professor of the Vienna University, Ferdinand von Arlt. (See Clinical Studies on Diseases on the Eye, by F. Ritter von Arlt, translated by L. Ware, page 23).

But to these are added a number of other agents which will prove Palpebrine to be of much greater value and give it a broader field for action.

Sanmetto in Bright's Disease.

Dr. C. E. Stafford, Trigg, Va., writing, says: "I have used Sanmetto with the very best results. I succeeded in

making a case of Bright's disease much more comfortable by the use of sanmetto, and am satisfied it should be used oftener in this disease. I regard Sametto as an efficient and elegant remedy for diseases of the genito-urinary organs."

P. N. de Dubbeay, M. D., F. R. C. S., of Tallulah Falls, Rabun Co., Ga., Sept. 22nd, 1896, writes:

I have used Papine, Bromidia and Iodia extensively in my practice, and expect to continue doing so, as these preparations undoubtedly are of great value. I have found your Iodia specially useful in cases of menstrual disorder generally, and as an alterative. Papine must of necessity come greatly into vogue with the general practitioner, relieving pain, as it does, without unpleasant after-effects. It was of great value to me in treating the pain in a female suffering with (incurable) cancer.

Sanitas Unfermented Grape Juice.

Medicinal feeding has become a most important and beneficial factor with the modern practicing physician.

Science and advancement have through lessons of experience taught us to nourish and fortify feeble vitality instead of starving and bleeding and poisoning disease out of the system.

Nearly all articles in the animal and vegetable kingdom have been examined and manipulated to produce some sort of nourishment suited to feeble digestion and failing vitality, till at length we have before the world one of the most ancient and nutritious of all dietetic substances—the grape.

The condensed juice of full ripe grapes exhibit all the proximate principles of human food-proteids, carbohydrates, salts and water.

Prepared grape juice condensed is largely grape syrup, and, even more, the fruit acids, blood salts, albumen and grape sugar.

Grape sugar is the most valuable form of sugar for assimilative purpose, because it is more readily absorbed and assimilated than any other form of sugar, and because the great problem in medicinal feeding is to supply tissue, heat and force at the least expenditure of digestive efforts.

That all starchy foods are changed to a grape sugar before being assimilated or taken into the blood clearly demonstrates the amount of rest the digestive organs receive by the consumption of a condensed grape juice.

The cost of Sanitas Condensed Grape Juice is such as to enable all to procure and consume it beneficially as an improved substitute for either tea or coffee. Full pints and quarts retail by all leading grocers and druggists at 50 cts. per pint, 75 cts. per quart.

Also can be had in wholesale lots at 402 and 404 Sutter street. San Francisco. Send for sample and literature. CAL. CONDENSED JUICE CO., Los Catos, Cal.

Book Notes.

THE THERAPEUTICAL APPLICATIONS OF PEROXIDE OF HYDROGEN (MEDICINAL), GLYCOZONE, HYDROZONE AND EYE BAL-SAM, by Charles Marchand, Chemist, Graduate of the *Ecole Centrale des Arts et Manufactures de Paris* (France), and

TREATMENT OF DISEASES CAUSED BY GERMS, BACTERIA, MICROBES. Eleventh Edition. New York, 1896.

Familiar as all physicians are with the use of Marchand's reliable preparations, still there is a fund of practical information and advice in this most concise and valuable work that will be a great surprise and delight to the busy doctor.

Any physician, mentioning our Journal and sending his address to the author, 28 Prince street, New York City, will receive, free, a copy of this 216 page book, containing, besides other valuable matter, reprints of 106 scientific articles which have appeared during the last seven years in the medical journals.

200. THE POSSIBILITY OF LIVING 200 YEARS. Compiled from the Best Authors by V. C. Havens.

The compiler of this remarkable and valuable little work evidently believes that ill health and, therefore, early death, is due to one or more of the following causes: 1st, Inheritance; 2nd, Carelessness; 3rd, Ignorance. He has endeavored to elucidate these propositions so clearly that any person interested in the science of health, and with a desire to keep the physical always at its best, can receive great practical assistance from the book.

Published by The Two Hundred Company, 14 Sansome street, San Francisco. \$1.25.

A COMPEND OF THE PRINCIPLES OF HOMOEOPATHY, by Wm. Boericke, M.D., San Francisco.

We are in receipt of a Prospectus of the above work, copy for review has not yet come to hand.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,
CINCINNATI, OHIO.**

The Connecting Link

THE ARLINGTON
CHEMICAL CO.,
Yonkers,
N. Y.



between the crisis and the complete recovery from an acute disease, that period known as convalescence, can often be considerably shortened by a judicious attention to the patient's nutrition. The battle has indeed been won but the soldier is left prostrate upon the field.

Liquid Peptonoids

provides a valuable auxiliary for his up-building because it is a liquid food-agent possessing a powerful reconstructive action while at the same time it is slightly stimulating in its primary effects. It is entirely pre-digested and in an absolutely aseptic condition. In convalescence Doctor, give your patient LIQUID PEPTONIDS

"That so he might recover what was lost."

—(Henry VI)